Annotated Bibliography: Homelessness, Disability, Employment and Veterans

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*Abstract:* Post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and major depression are described as the "signature injuries" of the current conflicts. Because of the hidden nature of these injuries, they can be more difficult to treat and diagnose and may remain with Veterans for the rest of their lives. One treatment being used to reduce symptoms of the disorders is assisting the injured in finding employment.


*Abstract:* Recent statistics reporting high rates of unemployment for 20- to 24-year-old Veterans have been a source of substantial concern. Because high levels of unemployment can result from multiple causes (including lack of job opportunities or lengthened searches for jobs) with different policy responses, it is important to analyze the phenomenon in more detail. This report provides some indication of the value of looking at longitudinal data to examine the labor market trajectories of returning Veterans. The evidence suggests that Veterans are successfully searching for new jobs after their exit from military service.


*Abstract:* To determine the association between clinical and demographic factors with employment status in post-deployment U.S. military Veterans returning from Iraq and Afghanistan, a study was conducted with 169 OIF/OEF Veterans seen at a post-deployment clinic between December of 2009 and May of 2010. Data was collected retrospectively on employment status, age, marital status, gender, pre-deployment education, ratings of sleep disturbance, pain, and depression, and mild traumatic brain injury (mTBI) or PTSD diagnosis. Results showed that unemployment was highly prevalent in this sample (45%). Of the demographic and clinical factors examined, only a self-report of global depression severity was significantly associated with a higher prevalence of unemployment in multivariate analysis (odds ratio [OR] 0.21, 95% confidence interval [CI] 0.10-0.47). An age of greater than 40 demonstrated a positive association with employment status that

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of borderline statistical significance ([OR] 2.8, 95% confidence interval [CI] 1.0-8.1). Prior diagnoses of mTBI or PTSD, and current sleep or pain symptoms, were not associated with employment status. Data also showed that individuals with more severe self-reported depression had a higher prevalence of unemployment. Future prospective studies are needed to better understand which factors determine employment status in returning Veterans.


Abstract: Posttraumatic stress disorder (PTSD) is a potentially disabling mental illness that can cause occupational dysfunction. Although vocational rehabilitation is often prescribed for patients with PTSD, standard vocational services are far from adequate in helping them obtain and maintain competitive employment. This study is the first to examine the outcome of evidence-based supported employment for Veterans with PTSD. For the study, unemployed Veterans with PTSD were randomly assigned to either individual placement and support (IPS) supported employment (N = 42) or a Veterans Health Administration Vocational Rehabilitation Program (VRP) treatment as usual (N = 43). Employment rates and occupational outcomes were followed for 12 months. During the 12-month study, 76% of the IPS participants gained competitive employment, compared with 28% of the VRP participants (number needed to treat = 2.07; \( \chi(2) = 19.84, df = 1, p<.001 \)). Veterans assigned to IPS also worked substantially more weeks than those assigned to VRP (42% versus 16% of the eligible weeks, respectively; Mann-Whitney z test p<.001) and earned higher a 12-month income (mean ± SD income of $9,264 ± $13,294 for IPS versus $2,601 ± $6,009 for VRP; Mann-Whitney z test p<.001) during the 12-month period. In summary, Veterans with PTSD who received IPS were 2.7 times more likely to gain competitive employment than those who received VRP. Because work is central to recovery, these results should assist stakeholders in planning improved services for Veterans with PTSD.


Abstract: This study provides naturalistic data documenting the pathways-to-care to vocational services for 155 Veterans who were receiving some form of mental health care from the Veterans Health Administration and had a vocational need but were not currently enrolled in vocational services. Of the participants, 94.2% had recognized their vocational need, 80.6% reported that they or someone else had sought help to alleviate the need, and 77.4% had previously received some form of vocational services. The median length of the participants’ vocational need was more than 4.2 years. Delays associated with recognition, help-seeking, and treatment entry all contributed to the overall delay in entering appropriate care. Filtering factors associated with quicker recognition, seeking help, and receiving services included diagnosis, level of disability, type of vocational need, and support from primary providers, family, and friends. The results provide information for designing interventions to improve service entry by adults with mental health problems and vocational needs.


Abstract: This random-assignment trial evaluated the efficacy of using a contingency management (CM) intervention to enhance job acquisition and tenure among participants of a vocational rehabilitation (VR) program. The CM intervention offered participants cash incentives of up to $1,170 for completing tasks
related to sobriety, job search, and maintenance. Participants were 100 Veterans with comorbid psychiatric disorders and substance dependence who were randomly assigned either to VR only or VR + CM. Relative to participants in the VR-only group, those in the VR + CM group showed more intense job searches and transitioned to competitive employment faster and at higher rates. No significant difference was found in job tenure, though this may be due to the limited follow-up period. Abstinence rates were significantly better in the VR + CM group during the first 16 weeks of follow-up but not significantly different in subsequent follow-ups. No relationship was found between relapse and employment. These results suggest that rehabilitation outcomes may be enhanced by adding CM to current programming or by restructuring traditional work-for-pay contingencies to include direct financial rewards for achievement of clinical goals.


Abstract: Research into vocational rehabilitation (VR) consumer service preferences has been limited. This study describes the self-reported goals of 228 applicants to a VR program sponsored by the Veterans Administration (VA) and documents the relationship of those goals to participant background variables and outcomes. Participants endorsed a wide variety of goals for participation, including clinical and practical goals. Competitive employment was a goal of only 53% and was the primary goal of only 5%. The apparent contrast between the diversity of VA participant goals and the growing focus by VA rehabilitation professionals on competitive employment suggests that greater dialogue is needed between providers and consumers.


Abstract: In this article, archival data from 17,929 homeless adults entering the Veterans Health Administration's Healthcare for Homeless Veterans program were analyzed to identify whether the rate of referral and admission to vocational rehabilitation differed between adults with psychiatric disorders alone and those with psychiatric disorders with a coexisting substance-use disorder (SUD). According to the authors, participants with an SUD had an 11% greater chance of being referred to vocational rehabilitation than did those with a psychiatric disorder alone. Of the participants referred to vocational rehabilitation, those with an SUD were almost twice as likely to participate. Those with an SUD also had a higher rate of employment prior to evaluation than did those with a psychiatric disorder alone. The authors assert that these advantages were significant after covarying for demographic variables, specific psychiatric diagnosis, and Addiction Severity Index psychiatric composite score. The authors conclude that these findings fail to support the hypothesis that there is a bias in the process of referral or admission into vocational rehabilitation and suggests that work and participation in work rehabilitation are not negatively affected by a coexisting SUD.


Abstract: Education has long been identified as an essential avenue to improved employment opportunities and residential stability, and education has been identified as an important service need for OIF/OEF/OND Veterans. As a result, Veteran Supported Education (VetSEd)—a recovery-oriented, peer-delivered, supported education service for Veterans—was developed to respond to this need. VetSEd is a comprehensive treatment
approach that provides a framework for promoting the ability of returning service men and women to successfully begin or continue their post-secondary education, often by utilizing the Post 9/11 GI Bill, upon returning home.


**Abstract:** Providing rehabilitation services to military Veterans with disabilities presents unique and rewarding challenges for rehabilitation professionals. The need for these services has grown tremendously with the wars in Afghanistan and Iraq. The rehabilitation field needs a roadmap for understanding how its strengths can uniquely serve military Veterans most appropriately. This paper outlines a five-pronged approach that will benefit outcomes for Veterans with disabilities through: (1) infusing Veterans’ issues into rehabilitation training; (2) focusing on distinct employment needs for Veterans; (3) using self-management techniques to manage secondary disabilities; (4) using a Family Resiliency Model to address the holistic needs of Veterans and their families; and (5) the call for rehabilitation to develop researchers that focus on Veterans’ issues.


**Abstract:** The interrelationship between the theoretically related constructs of anger and posttraumatic stress disorder (PTSD) symptoms was examined in a group of 42 combat Veterans with PTSD using a multi-measure assessment strategy. Scores on several anger measures were found to be quite high in this sample and were significantly correlated with PTSD symptomatology. Furthermore, anger measures were found to be related to employment status, independent of PTSD severity, but were not related to disability compensation-seeking status. The article advises clinicians to be aware of the potential implications for physical health and interpersonal functioning, and to incorporate anger management strategies into treatment plans for this population.


**Abstract:** This study examined differences in closure status, occupational placements, weekly earnings, hours worked each week, expenditures, and time in rehabilitation for persons with traumatic brain injury (TBI) based on the provision of supported employment services. Participant race, education level, age, marital status, gender, prior work experience, and disability severity were controlled for all dependent variables but occupational placements. Participants were 1,073 public vocational rehabilitation clients with TBI whose cases were closed in the Southeastern United States. Seventy eight participants received supported employment services during the vocational rehabilitation process. Significant differences were found in closure status when comparing consumers who received supported employment services to those who did not. Most competitively employed participants in both groups were working in miscellaneous occupations at case closure. For competitively employed consumers, significant differences were found in weekly earnings, hours worked per week, and expenditures when comparing the two groups.

Abstract: The U.S. Department of Veterans Affairs (VA) is quickly becoming a leader in psychosocial rehabilitation and in implementing evidence-based practices for people with severe mental illnesses. Transformation efforts within the VA system also emphasize that Veterans with mental illnesses are to be respected as persons and not defined by their illness; they have the right to direct their own treatment and are encouraged to develop a recovery-oriented action plan for themselves. Peer Support Services are provided by trained individuals who themselves are in recovery from a mental illness and who serve as clinically supervised members of the mental health care team. Partnering with families, with the veteran’s consent, is an essential component of recovery-oriented services. A range of vocational experiences and employment are offered to help Veterans achieve their goals and enhance their quality of life.


Abstract: This publication proposes that to ensure government resources are used efficiently, the Secretaries of Labor, Veterans Affairs (VA), and Department of Defense (DoD) should incorporate DoD’s employment assistance initiatives into the agreements that guide interagency coordination. To enhance transparency and accountability for achieving results, the Secretary of Labor should consistently report both performance goals and associated performance outcomes for each of its Veterans’ employment and training programs. To assess Veterans’ employment programs’ effectiveness, Secretaries of Labor and VA should, to the extent possible, determine the extent to which Veterans’ employment outcomes result from program participation or are the result of other factors. And Labor should 1) ensure that DVOP’s provide Veterans who have significant barriers to employment with the array of intensive services they need to succeed; 2) focus LVER’s time on cultivating relationships with employers in the community; and 3) ensure that the rest of the staff at federally funded American Job Centers across the country understands their responsibility to Veterans.


Abstract: The authors used a national sample of Veterans to examine the relationship between disability income and employment, adjusting for health status and other factors. They found that Veterans Affairs disability income payments had no globally detrimental effect on labor force participation, in that the likelihood of employment was reduced only at payment levels of more than $800 per month. Although unearned income from other sources also did not have a substantial negative effect on labor force participation, Veterans who received benefits from the Social Security Administration or welfare payments were less likely to be employed, mostly likely because employment earnings above a certain level in some programs may result in the loss of monetary benefits and health insurance.


Abstract: Hiring Veterans is good business, according to detailed and lengthy interviews with 87 individuals representing 69 companies. The companies reported 11 reasons they hire Veterans, with an emphasis on Veterans’ leadership and teamwork skills, character, and discipline. Companies also reported challenges associated with hiring Veterans, particularly regarding Veterans’ difficulty in translating their military experience to the civilian
workplace and concerns about future deployments by National Guard members and reservists. Changes to government policy could alleviate some of these challenges. The deployment concerns warrant a change in law, while others require the participation of companies, nonprofit organizations, or Veterans themselves. Veterans continue to experience unemployment at a rate higher than their civilian counterparts. Many companies are eager to help and agree that hiring Veterans is patriotic and “the right thing to do.” However, most companies are usually only able to hire Veterans when there is also a business-related motivation. This report provides perspectives from American businesses about why they hire Veterans, as well as the risks, challenges and disadvantages of doing so.


**Abstract:** This article details a study done to determine whether deployment to recent military operations or other health, demographic, or military-related characteristics were associated with employment after military service. Former U.S. active duty military service members participating in the Millennium Cohort Study, a population-based sample of U.S. military personnel that began in July of 2001, were prospectively followed from the time of baseline health reporting to self-reported employment status after military separation. Of the 9,099 separated personnel meeting inclusion criteria, 17% reported unemployment after military service. In multivariable modelling, prior deployment experiences, with or without reported combat, and post-traumatic stress disorder (PTSD) were not significantly associated with employment status post service. Among those who routinely retired from service with a pension, positive screens for depression (OR, 1.67; 95% CI, 1.05 to 2.63) and panic/anxiety (OR, 1.63; 95% CI, 1.10 to 2.43) were significantly associated with subsequent unemployment. Poor physical health, female sex, black race, lower education, and disabling illnesses/injuries were also predictive of post-service unemployment. After stratifying for reason for military separation, mental disorders such as depression or panic/anxiety and poor physical health may have greater impact than prior deployment experiences or PTSD on the ability to find or maintain employment post service. These findings may guide support for Veterans most in need of job placement services after military service.


**Abstract:** A longitudinal study examined treatment services and outcomes in a nationwide sample of 565 homeless Veterans who were classified as alcoholic, psychiatrically impaired, multi-problem, or best-functioning. All four groups experienced some improvement in their primary problem area, in employment status, and in residential quality at 8-month follow-up, but there were significant differences in degree of improvement across groups. Implications for the design of homeless programs and policies are discussed within the article.


**Abstract:** This study examined employment outcomes of Veterans with substance use disorders and comorbid general medical and psychiatric disorders following substance abuse treatment. The authors obtained employment and other information reported by 5,729 Veterans at intake and at follow-up 3 to 9 months after receiving substance abuse treatment from the U.S. Department of Veterans Affairs during 2001-2010. Random-effects logistic regression models examined the probability of having employment earnings and days of paid work during the past 30 days among Veterans with comorbid conditions. The percentage of Veterans
with any days of paid work rose from 28% at intake to 35% at follow-up. Veterans with comorbid anxiety and general medical conditions had lower odds of having earnings from employment or days of paid work at follow-up. Veterans with substance use disorders, particularly those with comorbid general medical and anxiety disorders, may be at risk of employment problems.


**Abstract:** A study was designed to investigate the effect of traumatic brain injury (TBI) and concomitant disabilities on vocational outcomes. It used a non-experimental, prospective analysis of adults who qualified for services with the Missouri Division of Vocational Rehabilitation (MDVR) based on a history of TBI. Participants were: 139 MDVR clients with non-acute TBI, followed from enrollment until case closure, who were divided into five groups (TBI only, TBI plus orthopedic injury, TBI plus seizure, TBI plus psychological disorder, and TBI plus learning disability). The main outcome measures were demographic characteristics, injury severity, neuropsychological functioning, and employment status at case closure. Multivariate analysis of variance and non-parametric methods were used to evaluate differences in outcome variables between the TBI only and other four groups. Results showed that statistically non-significant trends between the groups suggested less successful employment outcomes for persons with TBI and concomitant psychological disorders (11%) and learning disabilities (8%) vs. persons with orthopedic injuries (23%), seizure disorders (32%), or TBI only (26%). Concomitant psychological and learning disabilities, compared to concomitant physical disabilities, are associated with greater employment difficulties for persons with TBI. Thus, VR clients with psychological and learning disorders may require additional services/interventions to enhance their vocational outcomes.


**Abstract:** Little is known about the health outcomes of clinician-supervised, performance-based, abstinence-contingent therapeutic work programs on homeless persons with addiction disorders. This study examined the effect of the Department of Veterans Affairs compensated work therapy program (CWT) on nonvocational outcomes. With mandatory urine screenings and adherence to addiction treatment schedules, CWT provided work opportunities (wages, hours, and responsibilities) with jobs created from Veterans Affairs contracts competitively obtained from private industry. For the study, homeless, substance-dependent Veterans (N = 142) from four Department of Veterans Affairs medical centers were randomized, assessed at baseline, and reassessed at 3-month intervals for 1 year. Both CWT and control groups had access to comprehensive rehabilitation, addictions, psychiatric, and medical services. Data were analyzed to determine an immediate CWT effect after treatment and rates of change during 1 year. Results showed that compared with control subjects, patients in the CWT program were more likely to: 1) initiate outpatient addictions treatment, 2) experience fewer drug and alcohol problems, 3) report fewer physical symptoms related to substance use, 4) avoid further loss of physical functioning, and (5) have fewer episodes of homelessness and incarceration. No effect on psychiatric outcomes was found. The authors concluded that work therapy can enhance nonvocational outcomes of addiction treatment for homeless persons, although long-term gains remain unknown.

Abstract: With more than 200,000 Veterans incarcerated, a significant need exists for the development of technologies that help Veterans with felony histories return to employment. This study evaluated the effect of three methods of vocational assistance on competitive employment over a 6-month follow-up period: 1) basic vocational services, 2) self-study using a vocational manual designed for formerly incarcerated Veterans, and 3) a group led by vocational staff using the vocational manual. Researchers evaluated 111 Veterans for time to obtain and total time of competitive employment. The group format was expected to be superior to the self-study and the self-study superior to basic services. Findings indicated that the group format was associated with quicker employment and more total employment than the basic and self-study conditions. Limitations and directions for future refinement are discussed.


Abstract: With the high number of incarcerated Veterans with mental illness and substance dependence returning to the community annually, a significant need exists for technologies that will help them return to employment. This study evaluates three methods of assistance: 1) basic vocational services, 2) self-study of a vocational manual designed for formerly incarcerated Veterans, and 3) a group led by vocational staff using the vocational manual. Researchers evaluated 69 Veterans to determine the number finding employment within 3 months after enrollment in the study. The group format was expected to be superior to self-study, and self-study was expected to be superior to basic services. Though the group format was found to be superior to both self-study and basic services, the results for self-study and basic services were statistically similar. Limitations and directions for future refinement are discussed.


Abstract: This study examines the relationship between attitudes toward employment and employment outcomes among homeless Veterans with psychiatric and substance abuse problems. Attitudes toward employment among more than 300 homeless Veterans participating in a study of vocational outcomes were characterized using factor analysis. Mixed linear regression was then used to examine the association between each of five employment attitudes and number of days employment throughout the 2-year follow-up period, net of potentially confounding baseline characteristics. Results showed that Veterans who worked more than others scored higher on a subscale reflecting favorable attitudes toward work and, unexpectedly, on a subscale indicating that they did not like the kind of jobs they could obtain. In contrast, Veterans who scored higher on a subscale indicating that they perceived work as helpful in coping with mental health problems, worked more days than others. However, the magnitude of these effects was small, explaining only an additional 1% of the variation in employment outcomes observed (R-squared) beyond the 10–16% of variation accounted for by client demographic and clinical characteristics at program entry. Measured attitudes only weakly predicted employment outcomes, thus supporting the policy of offering vocational assistance to all who express interest in it.


Abstract: Veterans deemed disabled for conditions resulting from, or aggravated by, their service in the military are eligible for service-connected disability payments. Despite many positive effects of disability
payments, one concern is that Veterans with psychiatric conditions who receive disability payments are less likely to be employed compared to those who are denied benefits. Little is known about the attitudes of substance using Veterans, for whom work is a particularly important part of recovery, toward work and disability compensation. This study compared the responses of Veterans with (n=33) and without substance use problems (n=51) to questions about work’s significance and its relationship to disability payments. T- and chi-square tests were conducted to determine whether Veterans with substance use problems differed from the others on work-related attitudes and perceptions of the relation between work and Veterans' benefits. Veterans endorsed high levels of agreement with statements that working would lead to loss of benefits. Veterans with substance use agreed more strongly that they would rather turn down a job offer than lose financial benefits. The greater preference for disability payments among substance-using Veterans may reflect a realistic concern that they are particularly likely to have difficulty maintaining employment. The widespread concern among Veterans that work will lead to loss of VA disability payments is striking given the ambiguity about how likely loss of benefits actually is, and should be addressed during the service-connection application process.


**Abstract:** Between 1992 and 2003, services for homeless Veterans at the Veterans Affairs Greater Los Angeles Healthcare System went from inappropriate utilization of hospital medical and psychiatric beds, to a continuum of residential treatment, transitional housing, and employment programs through arrangements with private agencies. The authors use elements of Hasenfeld and Brock’s Political Economy Model (1991) to explain this transformation in service delivery that was spearheaded by a VA social work leadership team. It is argued that three driving forces crucial to program implementation were present: technological certainty, economic stability, and concentration of power. Evidence of the implementation’s impact includes creation of new homeless program beds, a reduction in use of medical/psychiatric beds, and a large number of formerly homeless Veterans with housing and employment at program discharge. Study limitations and implications for future studies are discussed.

**Ottomanelli, L., Barnett, S. D., & Goetz, L. L. (2013). A prospective examination of the impact of a supported employment program and employment on health-related quality of life, handicap, and disability among Veterans with SCI. *Quality of Life Research, 11*, 2133–2141.**

**Abstract:** This study was designed to show the impact of participation in a supported employment program and impact of employment itself on health-related quality of life (HRQOL), disability, and handicap among Veterans with spinal cord injury (SCI). Researchers used a prospective, randomized, controlled, multi-site trial of supported employment (SE) versus treatment as usual (TAU) for vocational issues. Subjects were 157 Veterans with SCI who received either SE or TAU for vocational issues. Outcomes were examined in terms of type of vocational treatment received and whether competitive employment was obtained. Outcomes investigated were HRQOL as measured by the Veterans RAND 36-item health survey (VR-36), handicap as measured by the Craig Handicap Assessment and Reporting Technique (CHART), and disability as measured by the functional independence measure (FIM). Subjects were assessed at baseline and at 3, 6, 9, and 12 months. There were no significant differences between Veterans who participated in SE compared to those who received TAU in study measures. Participants obtaining competitive employment demonstrated significantly higher scores on the Social Integration, Mobility, and Occupation dimensions of the CHART. There were no observed differences in VR-36 scores or FIM scores for those obtaining competitive employment. This study suggests that employment has a positive effect on an individual's ability to participate in social relationships, move about their home and community, and spend time in productive and usual roles. Inability to detect
differences across other domains of handicap or any changes in HRQOL may have been due to several factors including level and intensity of employment, insufficient follow-up period, or measurement limitations.


*Abstract:* This study compared the effectiveness of Veterans Health Administration’s (VHA) transitional work experience (TWE) services and a minimal but common intervention-job placement (JP) services, for Veterans with co-morbid substance and psychiatric disorders. Researchers conducted a random clinical trial comparing work outcomes for 89 Veterans with co-morbid psychiatric and substance use disorders (SUD) who were randomly assigned to participate in VHA TWE services with those assigned to simple JP services provided by state vocational rehabilitation professionals. Participants were enrolled at the time of application to VHA TWE services and then randomly assigned to the two treatment groups and followed for 12 months. Results showed that VHA TWE participants were more likely to engage in paid activity, to work more total hours, to work more weeks, and to earn more in total wages. The groups were not significantly different with respect to competitive employment, in terms of the percentage acquiring competitive jobs, the number of hours worked, or wages earned. These data suggest that the primary benefit of VHA TWE services is in rapidly engaging participants in paid activity and that these services are not effective at helping dually diagnosed Veterans obtain competitive employment.


*Abstract:* This article analyzes homeless Veterans’ attitudes toward employment. Using the Career Beliefs Inventory (CBI), the vocational attitudes of 279 homeless Veterans were compared to those of two control groups: one employed, and the other unemployed. Even though the three groups had significant demographic, medical, and social differences, there were remarkable similarities in how they viewed employment, including having a high interest in achieving and improving their socioeconomic conditions, desire to excel over others within the workplace, interest in learning new job skills, and believing that obstacles can be overcome, undermining the common notion that homeless Veterans are unwilling to take active, positive steps to improve their employability.


*Abstract:* The dissemination of complex innovative practices is one of the major challenges of mental health service organizations. Although substantial progress has been made in the development of evidence-based practices for people with severe mental illness, development of approaches for the large-scale dissemination of such practices has lagged. In 2004, the Veterans Health Administration began a national dissemination effort of supported employment (SE). Concomitant with the clinical initiative, a research project was funded to study the factors that promote successful program implementation through an evaluation of the effectiveness and cost-effectiveness of two levels of training in the evidence-based practice of SE. This article reviews the dissemination effort and associated research project. This initiative represents the largest dissemination effort of any psychosocial rehabilitation model to date in any single healthcare system in the United States. The authors review the dissemination plan, including development of a mentor-trainer system at two intensity levels, regular on-site and telephone training and supervision, ongoing fidelity evaluation, and national outcomes monitoring with a Web-based data collection system.

**Abstract:** Few studies have examined employment outcomes in individuals with a primary diagnosis of posttraumatic stress disorder (PTSD). The current study used multivariate modeling to examine the relationship between PTSD, other aspects of military service, and employment among 5,862 Veterans in a national Department of Veterans Affairs (VA) vocational rehabilitation program. Veterans with PTSD were 19% less likely to be employed at discharge (odds ratio = 0.81, p = 0.02) after controlling for potentially confounding variables. Individuals with substance use diagnoses or who were homeless at program entry were more likely to be employed at discharge, while receipt of public support income and severe mental illness decreased the likelihood of being competitively employed. This study supports current VA efforts to expand and improve the effectiveness of vocational rehabilitation services for Veterans with PTSD.


**Abstract:** With the focus on well-defined models for rehabilitation of people with mental illness, there is interest in program elements that predict successful outcomes. Data on programmatic elements from 92 Veterans Affairs Compensated Work Therapy (CWT) programs were merged with 6,891 individual records. General estimation equation analyses were used to identify correlates of three dependent variables representing successful outcomes. Community-based work at the individual level was positively associated with all three measures of success. Program emphasis on assertive outreach was positively associated with competitive employment and achievement of constructive activity. Greater amounts of assertive outreach and less integration of mental health and vocational staff were associated with a greater likelihood of constructive activity. These results suggest that the best outcomes are achieved by community-oriented programs incorporating assertive outreach.


**Abstract:** This study explored the relationship of public support payments, intensive psychiatric community care (IPCC), and fidelity of implementation to 1-year employment outcomes for 520 Veterans with severe mental illness (SMI) in a clinical trial of IPCC. At study entry, 455 (87.5%) participants received public support. At 1 year, 46 (8.8%) participants met criteria to be classified as workers. A multivariate analysis indicated that baseline public support was significantly associated with a lower likelihood of employment, and baseline work was positively associated with employment at 1 year. IPCC patients were three times more likely to be working than control subjects, and a significant interaction favored well-implemented IPCC programs over others. This study points out not only the inhibiting effect of public support payment on employment but also the value of IPCC and the special importance of fidelity to program models for employment for people with SMI.

Abstract: There has been growing interest in the dissemination of supported employment, but few studies have used a control group to examine the benefits of multisite dissemination efforts for clients or have addressed the needs of homeless persons with psychiatric disorders, addiction disorders, or both. This study examined a low-intensity training approach for implementing the individual placement and support (IPS) model at nine Department of Veterans Affairs (VA) programs and compared client outcomes before (phase 1) and after (phase 2) the program was implemented. Special funds and sustained training, which was based primarily on teleconferencing, were used to support implementation of the IPS model of supported employment at nine VA programs for homeless Veterans. A comparison cohort (phase 1) (N=308) was recruited from the nine sites before IPS was implemented. A post-implementation cohort (phase 2) (N=321) was recruited at the same sites and offered IPS. Mixed models were used to compare quarterly employment outcomes over 2 years in phase 1 and phase 2, adjusting for significant baseline differences (N=629). Results showed that measures of both client-level service delivery and site-level fidelity to IPS suggest that implementation was successful at most, but not all, sites. Overall, compared with Veterans in the phase 1 group, those in the phase 2 group had a better long-term work history at the time of program entry. When the analyses controlled for baseline differences, the mean number of competitive employment days per month over the 2-year follow-up period was 15% higher for Veterans in phase 2 (8.4 days compared with 7.3 days; p<.001) and the mean number of days housed during follow-up was also higher in phase 2 (34.1 days compared with 29.8 days; p=.04), but there were no differences for other outcome measures. The results suggest that a sustained training program can be used to implement IPS in systems that have had little past experience with this approach. This effort was associated with improved employment outcomes and more rapid housing placement.


Abstract: Supported housing, integrating clinical and housing services, is a widely advocated intervention for homeless people with mental illness. In 1992, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program. For this study, homeless Veterans with psychiatric and/or substance abuse disorders or both (N = 460) were randomly assigned to one or three groups: 1) HUD-VASH, with Section 8 vouchers (rent subsidies) and intensive case management (n = 182); 2) case management only, without special access to Section 8 vouchers (n = 90); and 3) standard VA care (n = 188). Primary outcomes were days housed and days homeless. Secondary outcomes were mental health status, community adjustment, and costs from four perspectives. Results showed that during a 3-year follow-up, HUD-VASH Veterans had 16% more days housed than the case management-only group and 25% more days housed than the standard care group (P<.001 for both). The case management-only group had only 7% more days housed than the standard care group (P =.29). The HUD-VASH group also experienced 35% and 36% fewer days homeless than each of the control groups (P<.005 for both). There were no significant differences on any measures of psychiatric or substance abuse status or community adjustment, although HUD-VASH clients had larger social networks. From the societal perspective, HUD-VASH was $6,200 U.S. dollars (15%) more costly than standard care. Incremental cost-effectiveness ratios suggest that HUD-VASH cost $45 U.S. dollars more than standard care for each additional day housed (95% confidence interval, -$19 U.S. dollars to $108 U.S. dollars). The authors conclude that supported housing for homeless people with mental illness results in superior housing outcomes compared with intensive case management alone or standard care and modestly increases societal costs.

Abstract: This article examines the relationship between receiving disability payments and changes in health status, community adjustment, and subjective quality of life. The study evaluated outcomes among homeless mentally ill Veterans who applied for Social Security Disability Insurance or Supplemental Security Income through a special outreach program. Veterans who were awarded benefits were compared with those who were denied benefits; their sociodemographic characteristics, clinical status, and social adjustment were evaluated just before receiving the initial award decision and again 3 months later. Beneficiaries did not differ from those who were denied benefits on any baseline sociodemographic or clinical characteristics. However, beneficiaries were more willing to delay gratification, as reflected in scores on a time preference measure. Three months after the initial decision, beneficiaries had significantly higher total incomes and reported a higher quality of life. They spent more on housing, food, clothing, transportation, and tobacco products but not on alcohol or illegal drugs. The authors conclude that receipt of disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use.


Abstract: This article presents the results of a special initiative designed to improve access to Social Security benefits, including both Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), among homeless mentally ill Veterans participating in the Department of Veterans Affairs (VA) Health Care for Homeless Veterans (HCHV) program. In the initiative, both a Social Security Claims Representative and a state Disability Determination Analyst were co-located with HCHV clinical teams to facilitate applications for Social Security benefits. The project had three objectives: 1) to increase applications for SSI and SSDI among entitled Veterans, 2) to increase awards for disability benefits, and 3) to increase the proportion of timely decisions. The authors concluded that a colocation approach to service system integration can improve access to disability entitlements among homeless persons with mental illness. Almost twice as many Veterans were eligible for this entitlement in relation to those who received it through a standard outreach program.


Abstract: Are employers ready to hire, retain and accommodate Veterans with disabilities (VWDs) returning from engagements in Iraq and Afghanistan? A survey of 1,083 human resource professionals examined employer readiness in three areas: knowledge, beliefs/willingness, and actions/practices, with an emphasis on the signature disabilities of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Overall, employers surveyed did have willingness to employ VWDs and saw some benefits in doing so. Yet, they had key knowledge gaps around accommodating workers with PTSD and TBI and around disclosure issues. In the area of respondent willingness to employ VWDs, findings indicated most employers believed VWDs would benefit their organizations and would perform as well as other workers. Yet, they had key knowledge gaps around accommodating workers with PTSD and TBI and around disclosure issues. Respondents’ actions/practices indicated that the majority were not using recruitment or other resources specific to VWDs and had scant experience in accommodating workers with PTSD and TBI. Implications of these findings are discussed in terms of research and application to impact employer knowledge, willingness, and practices around employing VWDs.

**Abstract:** Veterans with disabilities constitute a vast, capable, deserving, and under-utilized workforce, and many successful hiring campaigns have targeted their employment. Colleges offering comprehensive, individualized transitional services have proven successful in supporting Veterans with disabilities reentering the civilian workforce. With the incorporation of learning models and reasonable academic adjustments to educational pedagogies and policies, Veterans can be poised to successfully transition from college to the workforce. Disability Service offices can serve as an important bridge between the disability and career transition needs of these students. Specific suggestions are offered to increase collaboration with career offices to enhance the transition to employment.


**Abstract:** An important distinction in models of housing for the homeless is whether programs that require abstinence prior to program admission produce better outcomes than unrestricted programs. Data from a large transitional housing program were used to compare client characteristics of and outcomes from programs requiring abstinence at admission and programs not requiring abstinence. The U.S. Department of Veterans Affairs (VA) Northeast Program Evaluation Center provided records of individuals who were admitted into, and discharged from, the VA Grant and Per Diem program from 2003 to 2005. Records contained information from intake interviews, program discharge information, and descriptions of provider characteristics. Analyses were based on 3,188 Veteran records, 1,250 from programs requiring sobriety at admission and 1,938 from programs without a sobriety requirement. Group differences were examined with T-tests and chi square analyses; predictors of program outcome were determined with logistic regression. Individuals using drugs or alcohol at program admission had more problematic histories, as indicated by several general health and mental health variables, and shorter program stays. There were significant differences between groups in the frequency of program completion, recidivism for homelessness, and employment upon program discharge, but effect sizes for these analyses were uniformly small and of questionable importance. Regression analyses did not find meaningful support for the importance of sobriety on program entry on any of the outcome measures. The results add evidence to the small body of literature supporting the position that sobriety on program entry is not a critical variable in determining outcomes for individuals in transitional housing programs.


**Abstract:** The authors sought to investigate longitudinal trends and risk factors for mental health diagnoses among Iraq and Afghanistan Veterans. They determined the prevalence and predictors of mental health diagnoses among 289,328 Iraq and Afghanistan Veterans entering Veterans Affairs (VA) health care from 2002 to 2008 using national VA data. Of 289,328 Iraq and Afghanistan Veterans, 106,726 (36.9%) received mental health diagnoses; 62,929 (21.8%) were diagnosed with post-traumatic stress disorder (PTSD) and 50,432 (17.4%) with depression. Adjusted 2-year prevalence rates of PTSD increased four to seven times after the invasion of Iraq. Active duty Veterans younger than 25 years had higher rates of PTSD and alcohol and drug use disorder diagnoses compared with active duty Veterans older than 40 years (adjusted relative risk = 2.0 and 4.9, respectively). Women were at higher risk for depression than men, but men had more than twice the
risk for drug use disorders. Greater combat exposure was associated with higher risk for PTSD. Mental health diagnoses increased substantially after the start of the Iraq War among specific subgroups of returned Veterans entering VA health care. The authors suggest that early targeted interventions may prevent chronic mental illness.


Abstract: This practice-oriented report from the field proposes that employment should be offered as early as possible and maintains that facilitating employment is an unrecognized and underutilized practice for preventing and ending homelessness. The reports shows that the literature speaks to the importance of employment in the lives of homeless individuals and shows how they can be assisted in job seeking (Long & Amendolia, 2003; Marrone, 2005; Quimby, Drake, & Becker, 2001; Rio, Russell, Dudasik, & Gravino, 1999; Rog & Holupka, 1998; Shaheen, Williams, & Dennis, 2003; Trutko, Barnow, Beck, Min, & Isbell, 1998). Some reports suggest it may be effective and worthwhile to offer employment at the earliest stages of engagement to help people who are homeless develop trust, motivation, and hope (Cook et al., 2001; Min, Wong, & Rothbard, 2004). Practitioners have historically focused on providing people with access to safe and affordable housing and supportive services, usually addressing employment later in the continuum. This report provides principles, practices, and strategies programs can use to make work a priority.


Abstract: To estimate the cost-effectiveness of a supported employment (SE) intervention that had been previously found effective in Veterans with spinal cord injuries (SCIs), a cost-effectiveness analysis was conducted using cost and quality-of-life data gathered in a trial of SE for Veterans with SCI. The analysis included six SCI centers in the Veterans Health Administration and a total of 157 subjects. Subjects were randomly assigned to the intervention of SE (n=81) or treatment as usual (n=76). The intervention studied was a vocational rehabilitation program of SE for Veterans with SCI, and the main outcome measures were costs and quality-adjusted life years, which were estimated from the Veterans Rand 36-Item Health Survey, extrapolated to Veterans Rand 6 Dimension utilities. Results showed that the average cost for the SE intervention was $1,821. In 1 year of follow-up, estimated total costs, including health care utilization and travel expenses, and average quality-adjusted life years were not significantly different between groups, suggesting the Spinal Cord Injury Vocational Integration Program intervention was not cost-effective compared with usual care. Thus, an intensive program of SE for Veterans with SCI, which is more effective in achieving competitive employment, is not cost-effective after 1 year of follow-up. Longer follow-up and a larger study sample will be necessary to determine whether SE yields benefits and is cost-effective in the long run for a population with SCI.


Abstract: This article reports the results of a low-intensity wraparound intervention, Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION), to augment Treatment as Usual (TAU) and engage and retain homeless Veterans with a co-occurring disorder (COD) in care. Using a quasi-experimental design, 333 homeless Veterans were enrolled, 218 who received MISSION along with TAU and 115 who received TAU alone. Group assignment was based on MISSION treatment slot
availability at time of enrollment. Compared with TAU alone, individuals receiving MISSION demonstrated greater outpatient session attendance within the 30 days before the 12-month follow-up assessment and a larger decline from baseline in the number of psychiatric hospitalization nights. Individuals in the MISSION and TAU-only groups both showed statistically significant improvements in substance use and related problems at 12 months, with those in MISSION less likely to drink to intoxication and experience serious tension or anxiety. Although this study confirmed that compared with TAU alone, MISSION along with TAU is effective in augmenting usual care and engaging and retaining homeless Veterans in treatment, some caution is warranted as this study did not involve random assignment. These results, however, are similar to a recent study involving a briefer version of the intervention that included random assignment. Based on these findings, MISSION is being further studied in the joint Department of Housing and Urban Development-Department of Veterans Affairs Supportive Housing (HUD-VASH) program, which offers rapid housing placement and case management to aid in housing maintenance.


Abstract: Studies that have shown the superiority of housing voucher programs over standard care for homeless adults with mental illness have also incidentally shown that many are able to obtain independent housing without subsidies. This study examined how individuals obtain housing without a voucher and whether greater employment earnings or better clinical outcomes were associated with such housing success. Data from an experimental evaluation of the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program were used for an observational study that compared participants who, at 3 months, were: 1) Independently Housed Without a Voucher (n=96), 2) Independently Housed With a Voucher (n=93), 3) Housed In Another Individual’s Place (n=60), or 4) Not Yet Housed (n=170). Participants who obtained independent housing without a voucher worked more days and had higher employment income than those who did use a voucher, but they were less satisfied with their housing. About a third of participants who lived in independent housing without a voucher had others living with them. The results show that homeless Veterans with mental illness are able to use employment and shared housing as naturalistic ways to obtain independent housing.


Abstract: High rates of mental health conditions and unemployment are significant problems facing Veterans of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). The authors examined two national Veterans Health Administration (VHA) databases from fiscal years 2008–2009: a larger database (n = 75,607) of OIF/OEF Veterans with posttraumatic stress disorder, depression, substance use disorder, or traumatic brain injury (TBI) and a smaller subset (n = 1,010) of those Veterans whose employment was tracked during their participation in VHA vocational services. Only 8.4% of Veterans in the larger database accessed any vocational services and retention was low, with most Veterans attending one or two appointments. Veterans with TBI and with more mental health conditions overall were more likely to access vocational services. Only 2.2% of Veterans received evidence-based supported employment. However, supported employment was effective, with 51% of those Veterans receiving it obtaining competitive work. Effect sizes quantifying the effect of supported employment provision on competitive work attainment, number of jobs, job tenure, and retention in vocational services were large. Given the high success rate of supported employment for these Veterans, additional supported employment specialists for this population would be expected to improve work outcomes for post-9/11 Veterans who want assistance returning to work.

Abstract: Female Veterans are three to four times more likely than non-veteran females to become homeless. However, their risk factors for homelessness have not been defined. This case-control study compared non-institutionalized homeless women Veterans (n=533) and age-matched housed women Veterans (n=5165). Health, health care, and factors associated with homelessness were assessed using multiple logistic regression with a Monte Carlo algorithm to estimate exact standard errors of the model coefficients and p-values. Results showed that characteristics associated with homelessness were sexual assault during military service, being unemployed, being disabled, having worse overall health, and screening positive for an anxiety disorder or post-traumatic stress disorder. Protective factors were being a college graduate or married. The authors concluded that efforts to assess housed women Veterans’ risk factors for homelessness should be integrated into clinical care programs within and outside the Veterans Administration. Programs that work to ameliorate risk factors may prevent these women’s living situations from deteriorating over time.


Abstract: Most Veterans who use Department of Veterans Affairs (VA) health care are not employed. This study evaluated the association between mental disorders and labor force status among VA health care users. Multinomial logistic regression analyses modeled the relationship between mental disorders and employment among patients aged 18 to 64 who completed the 2005 Survey of Healthcare Experiences of Patients. Of the 98,867 patients who met eligibility criteria, 36% were disabled, 35% were employed, 20% were retired, and 7% were unemployed. Those with bipolar disorder, depression, post-traumatic stress disorder, schizophrenia, or a substance use disorder were more likely to be unemployed, disabled, or retired than employed. This study confirmed a negative relationship between having a mental disorder and being employed. Future studies of barriers associated with Veterans’ employment could help policy makers target mental health treatments and supportive employment services to the unique needs of Veterans.